U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Office (12 Re-Delive	_			
(NIG22206) READ THE INSTRUCTIONS CAREFUL	Y BEFORE PREPARING THIS REPORT.			
E QUE DE				
1. File Number U - 1285	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name MICHAEL T WALDRON	Name CARPENTERS LOCAL UNION 140			
the state of the s	Labor Organization File Number 007-765			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7930 U.S. 301 NORTH, SDITE B	Street 7930 U.S. 301 NORTH, SUITE B			
City TAMPA	City TAMPA			
State Florida ZIP Code + 4 33637-6765	State Florida ZIP Code + 4 33637-6765			
5 Pacifica to labor organization				
DELEGATE				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).				
	7.a. Nature of Interest, Transaction, or Income.			
	7.8. Nature of Interest, Transaction, or income.			
Name	7.8. Nature of Interest, Transaction, of income.			
	7.8. Nature of Interest, Transaction, or income.			
Trade Name, if any:	7.8. Nature of Interest, Transaction, or income.			
Name	7.b. Amount			
Name Trade Name, if any:				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street				
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	7.b. Amount			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and modification. The undersioned declares, under constitutions.	7.b. Amount 7.b.			
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty and in this most (polystics) the information contained in this contained in	7.b. Amount 7.b.			

PHONE NO. : 8636196357

Flie Number U-Name of Person Filling MICHAEL WALDRON 8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (Including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, If any: b. Trust P.O. Box, Bidg., Room No., if any c. Employer Street ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant Reimburgement for out of pocket expenses incurred (including trade name, if any). while performing administrative activites. Name CARPENTERS LOCAL UNION 140 Date of payment: 1/26/2004 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7930 U.S. 301 NORTH, SUITE B TAMPA City ZIP Code + 4 33637-6765 State | Florida 14.b. Amount of payment. or Consultant \$ 5 13.b. Is the Business an Employer

Name of Person Filing MICHAEL WALDRON	1	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	f-7				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bidg., Room No., if any	c. Employer				
Street					
City					
State ZiP Code + 4					
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		1			
Street	11.b. Approximate dollar val	ue of such dealing.			
City	12.a. Nature of interest he	id or income received.			
State ZIP Code + 4					
		,			
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any),	while performing	r out of pocket expenses incurred administrative activites.			
Name CARPENTERS LOCAL UNION 140	Date of payment:	2/25/2004			
Trade Name, if any:)			
P.O. Box, Bidg., Room No., if any					
Street 7930 U.S. 301 NORTH, SUITE B					
City TAMPA					
State Florida ZIP Ccde + 4 33637-6765					
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$981			

PHONE NO. : 8636196357

Name of Person Filing MICHAEL WALDRON	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your tabor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, If any: P.O. Box, Bldg., Room No., if any				
Street 1	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Reimbursement for out of pocket expenses incurred			
Name CARPENTERS LOCAL UNION 140	while performing administrative activities. Date of payment: 5/3/2004			
Trade Name, if any:				
P.O. Box, Bidg., Room No., If any Street 7930 U.S. 301 NORTH, SUITE B City TAMPA State Florida Zip Code + 4 [33637-6765]				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment \$100			

PHONE NO. : 8636196357

Name of Person Filing MICHAEL WALDRON	File Number U				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	*	:			
Trade Name, If any:	a. Labor Organization b. Trust				
P.O. Box, Bidg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name		İ			
Trade Name, if any:	; ; {]			
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing	na.			
City	12.a. Nature of interest held or income re-				
State ; ZIP Code + 4					
	12.b. Amount.				
C Described from any ampleyer (ether than an exployer covered under	r narte A and R shows)				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Reimbursement for out of po	cket expenses incurred			
Name CARPENTERS LOCAL UNION 140	while performing administra Date of payment: 5/24/2004	tive activites.			
Trade Name, If any: {					
P.O. Box, Bldg., Room No., if any					
Street 7930 U.S. 301 NORTH, SUITE B					
City TAMPA					
State Florida ZIP Code + 4 33637-6765	,				
CHE (LACE AND	14.b. Amount of payment.				
13.b. Is the Business an Employer X or Consultant 7	1-3.0. Pationic of payment.	\$85			